

08-20-01

Please type a plus sign (+) inside this box

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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1c682 U.S. PTO
08/17/01

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 37070/205236

First Inventor Steve J.D. Bell

Title Calcium Phosphate Particles as Mucosal Adjuvants

Express Mail Label No. EL603000859US

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

1c689 U.S. PTO
09/23/2538
08/17/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- 2. Applicant claims small entity status.
See 37 CFR 1.27.
- 3. Specification [Total Pages 39]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
- 5. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- 6. Application Data Sheet. See 37 CFR 1.76

- 7. CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
- 8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

- 9. Assignment Papers (cover sheet & document(s))
- 10. 37 C.F.R. §3.73(b) Statement of Power of Attorney (*when there is an assignee*)
- 11. English Translation Document (*if applicable*)
- 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- 13. Preliminary Amendment
- 14. Return Receipt Postcard (MPEP 503) (*Should be specifically itemized*)
- 15. Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
- 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- 17. Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: 09 / 496.771
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label



or Correspondence address below

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Name (Print/Type)	Kristin D. Mallatt	Registration No. (Attorney/Agent)	46,895
Signature	<i>Kristin Mallatt</i>	Date	08/17/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p>	<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>08/17/01</td> </tr> <tr> <td>First Named Inventor</td> <td>Steve J.D. Bell</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>37070/205236</td> </tr> </table>	Application Number		Filing Date	08/17/01	First Named Inventor	Steve J.D. Bell	Examiner Name		Group / Art Unit		Attorney Docket No.	37070/205236
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Attorney Docket No.	37070/205236												
<p>TOTAL AMOUNT OF PAYMENT (\$) 355</p>													

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <input type="text" value="11-0855"/></p> <p>Deposit Account Name: <input type="text" value="KILPATRICK STOCKTON LLP"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;">FEE CALCULATION</p> <p>1. 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EXTRA CLAIM FEES</p> <table style="width:100%;"> <tr> <td>Total Claims</td> <td><input type="text" value="9"/></td> <td>-20**</td> <td>=</td> <td><input type="text" value="0"/></td> <td>X</td> <td><input type="text" value="9"/></td> <td>=</td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="text" value="3"/></td> <td>-3**</td> <td>=</td> <td><input type="text" value="0"/></td> <td>X</td> <td><input type="text" value="40"/></td> <td>=</td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td><input type="text" value=""/></td> <td>=</td> <td><input type="text" value="0"/></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$) 0</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee	355	106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$) 355	Total Claims	<input type="text" value="9"/>	-20**	=	<input type="text" value="0"/>	X	<input type="text" value="9"/>	=	<input type="text" value="0"/>	Independent Claims	<input type="text" value="3"/>	-3**	=	<input type="text" value="0"/>	X	<input type="text" value="40"/>	=	<input type="text" value="0"/>	Multiple Dependent					X	<input type="text" value=""/>	=	<input type="text" value="0"/>	Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 0	<p>3. 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kristin D. Mallatt	Registration No. Attorney/Agent	46,895	Telephone	404.815.6147
Signature	<i>Kristin Mallatt</i>			Date	08/17/01

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Applicants: Steve J.D. Bell, et al.

Serial No.:

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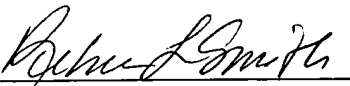
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I hereby certify that this Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL603000859US addressed to Box Patent Application, Assistant Director for Patents, Washington, D.C. 20231.


Rebecca L. Smith

Date: August 17, 2001

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